



Little Traverse Bay Bands of Odawa Indians
TRIBAL ELECTION BOARD
P.O. Box 160, Conway, MI 49722

NAME-CHANGE FORM

"PLEASE PRINT"

TRIBAL ROLL NUMBER

DATE OF BIRTH

PREVIOUS NAME (First, Middle, Last, Suffix)

NEW NAME (First, Middle, Last, Suffix)

MAILING ADDRESS (Street or Post Office Box)

CITY

STATE

ZIP CODE

SIGNATURE OF VOTER

DATE

IMPORTANT NOTICE

This Name Change Form must be signed by the Tribal Member and verified by either of the following:

1. The seal and signature of a notary public (below).

OR

2. Attaching a legible copy of one (1) of the following forms of Identification that bears the legible signature of the Tribal Member:

- Valid Tribal Identification Card, OR
- State Driver's License, OR
- State issued identification Card, OR
- Passport

NAME-CHANGE FORMS WILL NOT BE ACCEPTED IF THESE REQUIREMENTS ARE NOT MET

SIGNATURE OF NOTARY

MY COMMISSION EXPIRES